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Let's Talk **EXTENSION NUTRITION**

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IMPRESSIONS FROM WEIGHT CONTROL COLLOQUIUM AS THEY HAVE BEARING ON THE EXTENSION PROGRAM

Dr. Ancil Keys, of the University of Minnesota, brought up the very interesting question of how valid are the height-weight tables we are now using. They are based on measurements made by the life insurance companies about 40 years ago. He pointed out that body weight alone is not a key to fatness or obesity. In his measurements of body fat on a group of men who were 10 to 20 percent overweight, he found that some of them had less body fat than persons of normal weight if the height-weight tables were used as a basis for normal. In using these tables, then, it is well for us to bear in mind that they are not absolute values resulting from careful research, but are at best rough estimates of what a person should weigh. So, in addition to using the height-weight tables, it was suggested that the person should look at himself critically in a mirror. His physician also could help him decide whether he were too fat. Another suggestion was made for greater use of the measurement of the "pinch test," or a skin-fold test, which measures the excess fat under the skin of various parts of the body.

The "scare technique" on weight control was questioned. We have no proof that overweight causes diabetes or heart difficulties. We cannot prove that if you reduce you will live longer. The insurance company studies on which the hazards of overweight were established show only that persons who were overweight for their height had increased mortality and an increased incidence of health impairments from a variety of causes. They did not establish that these were caused by body fat but only that overweight as measured by the height-weight tables is associated with health impairments.

Dr. Jean Mayer, Harvard University, presented some interesting data, particularly on many causes of obesity in animals. There seems to be little question that the obesity in man arises from a variety of causes, many of which are not recognized at present.

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The genetic type of obesity is of particular interest because we have discussed the pros and cons of hereditary obesity in man for some time. There is little question that overweight in man has familial tendencies. However, this does not mean that the individual from an overweight family cannot control his weight. Dr. Mayer showed that his obese mice could be made less obese if he increased their activity, or if he kept them on a limited calorie diet they did not have to become obese. However, if they ate all they wanted they would always overeat and obesity would result.

The importance of activity and exercise as a factor in helping to control weight was emphasized. It was pointed out that if you regularly did some extra activity which used up 100 calories a day, in a year's time this would represent 10 pounds of weight lost, provided you did not increase your calories. Dr. Mayer reported studies with schoolchildren in which overweight children were found to consume fewer calories than nonoverweight children, but they were also much less active. Customary physical activity and regular exercise are very important in controlling weight.

One of the great values observed as the result of sound weight-control programs is that the nutrition of the families as well as the individual is often improved. Weight control can be used as a handle for teaching nutrition. Many persons will listen to you talk about nutrition if you call it weight control.

Weight control should be planned for the individual rather than trying to get the individual to fit into a program. He needs to form new eating habits, and unless these are based on a familiar pattern he will not stay with the diet.

In some persons overeating is based on psychological needs. If you try to take something away from such a person without replacing it with something else, serious emotional disturbances may result. Many persons seem to use overweight as a compensation to maintain adjustment to their environment. A person needs to understand why he is overeating before there is any hope of successful reduction. Successful weight control must be based on strong motivation. Persons have many different reasons for wanting to control weight.

Much of the emphasis in our program should be placed on controlling weight before the person becomes obese, rather than reducing after he has become fat. This program needs to start early.

Dr. Edgar S. Gordon, University of Wisconsin, reviewed the evidence about the role of endocrines in obesity and again said we could not blame our glands.

In view of the many reasons for obesity and the difficult problems in effecting weight reductions, many doubts were raised in the minds of the audience. Dr. James Hundley, of the Public Health Service, sensing these doubts, raised the question, should we stop our efforts in weight control because we don't

have all the answers? He concluded this would be unwise--

1. Because the basic concept that overweight is associated with excess mortality and excess disease is valid.
2. Even if human obesity does have familial or genetic origins in some individuals, the person does have some control of the obesity.
3. Even if success in reducing the weight of obese persons is limited, much good may result in preventing obesity in those who are just developing it or who have not yet developed it. Prevention rather than cure is a good practice.
4. Weight control gives us a chance to teach the individual to eat a better-balanced diet.
5. Much of the harm that might arise in attempting to reduce body weight in certain persons can be eliminated by requiring recommendations from their physicians before they undertake the project.

Dr. Hundley believes that we must accept certain obligations and limitations to a weight-control project.

1. We should not promise too much.
2. We must state our objectives honestly and make it clear that we are going to help people reduce their weight if we can, but that we are going to teach them to improve their diet, understand their condition, and prevent further progress of their overweight if possible.
3. We should be selective in advocating weight-control programs and admit that our present knowledge is limited and that we try to learn something from each program.
4. We should plan our program so that it will do no harm. Overweight should not be made a moral issue. It is not a sin to be fat.

